

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter \_\_\_ 7 \_\_\_

Check if this is an amended filing

## Official Form 201

### Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name**

Taylor Drug & Medical, Inc.

**2. All other names debtor used in the last 8 years**

\_\_\_\_\_

Include any assumed names, trade names, and *doing business as names*

\_\_\_\_\_

**3. Debtor's federal Employer Identification Number (EIN)**

8 2 - 3 3 0 2 8 6 5

**4. Debtor's address**

**Principal place of business**

930 W Parker Rd Ste 520

Number Street

**Mailing address, if different from principal place of business**

\_\_\_\_\_

P.O. Box

Plano, TX 75075-2360

City State ZIP Code

\_\_\_\_\_

Collin

County

\_\_\_\_\_

\_\_\_\_\_

Location of principal assets, if different from principal place of business

Number Street

\_\_\_\_\_

City State ZIP Code

**5. Debtor's website (URL)**

taylordrugandmedical.com

**6. Type of debtor**

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: \_\_\_\_\_

Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. §101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. §781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. §501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

List all cases. If more than 1, attach a separate list.

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

*Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention? (Check all that apply.)**

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

## Statistical and administrative information

**13. Debtor's estimation of available funds?**

*Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

1-49  50-99  1,000-5,000  5,001-10,000  25,001-50,000  50,000-100,000  
 100-199  200-999  10,001-25,000  More than 100,000

**15. Estimated assets**

<input checked="" type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor Taylor Drug & Medical, Inc.  
Name

Case number (*if known*) \_\_\_\_\_

- 16. Estimated liabilities**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/19/2023  
MM/ DD/ YYYY

 /s/ Erin Taylor Newell

Signature of authorized representative of debtor

Erin Taylor Newell

Printed name

Title President

**18. Signature of attorney**

 /s/ VINCENT LOBUE

Signature of attorney for debtor

Date 05/19/2023  
MM/ DD/ YYYY

VINCENT LOBUE  
Printed name

LoBue Law, PLLC  
Firm name

101 E Park Blvd Ste 600  
Number Street

Plano City TX State 75074-8818 ZIP Code

(972) 695-9444  
Contact phone

vinny@thelobuelaw.com  
Email address

277179 Bar number CA State

Fill in this information to identify the case:

Debtor name Taylor Drug & Medical, Inc.

United States Bankruptcy Court for the:  
Eastern District of Texas

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.  
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

2. Cash on hand

\$41.69

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
3.1 <u>Inwood National Bank</u>	<u>Checking account</u>	<u>4227</u>

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$191.69

#### Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.  
 Yes. Fill in the information below.

Current value of debtor's interest
------------------------------------

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

None



Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (*if known*) \_\_\_\_\_

None

**17. Total of Part 4**

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.

Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**19. Raw materials**

None

**20. Work in progress**

None

**21. Finished goods, including goods held for resale**

None

**22. Other inventory or supplies**

22.1 merchandise \_\_\_\_\_ (Unknown) \_\_\_\_\_ \$20,000.00  
MM / DD / YYYY

**23. Total of Part 5**

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$20,000.00

**24. Is any of the property listed in Part 5 perishable?**

No

Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No

Yes

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No

Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.

Yes. Fill in the information below.

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (if known) \_\_\_\_\_

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**28. Crops — either planted or harvested**

None

**29. Farm animals** Examples: Livestock, poultry, farm-raised fish

None

**30. Farm machinery and equipment** (Other than titled motor vehicles)

None

**31. Farm and fishing supplies, chemicals, and feed**

None

**32. Other farming and fishing-related property not already listed in Part 6**

None

**33. Total of Part 6**

Add lines 28 through 32. Copy the total to line 85.

**\$0.00**

**34. Is the debtor a member of an agricultural cooperative?**

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

**35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**

No

Yes

**36. Is a depreciation schedule available for any of the property listed in Part 6?**

No

Yes

**37. Has any of the property listed in Part 6 been appraised by a professional within the last year?**

No

Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

**38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

No. Go to Part 8.

Yes. Fill in the information below.

Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**39. Office furniture**

None

**40. Office fixtures**

40.1 <u>Retail counters, shelving and peg board</u>	<u>\$1,000.00</u>	<u>\$1,000.00</u>
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**41. Office equipment, including all computer equipment and communication systems equipment and software**

41.1 <u>Computer and Ipad cash register</u>	<u>\$500.00</u>	<u>\$500.00</u>
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**42. Collectibles** Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 <u>books</u>	<u>(Unknown)</u>	<u>\$0.00</u>
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**43. Total of Part 7**

Add lines 39 through 42. Copy the total to line 86. \$1,500.00

**44. Is a depreciation schedule available for any of the property listed in Part 7?**

No  
 Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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**47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

None

**48. Watercraft, trailers, motors, and related accessories** Examples:  
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (*if known*) \_\_\_\_\_

None

**49. Aircraft and accessories**

None

**50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

None

**51. Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

No  
 Yes

**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No  
 Yes

**Part 9: Real Property**

**54. Does the debtor own or lease any real property?**

No. Go to Part 10.  
 Yes. Fill in the information below.

General description	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available				

**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

None

**56. Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00

**57. Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

No  
 Yes

**Part 10: Intangibles and Intellectual Property**

Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (*if known*) \_\_\_\_\_

**59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**60. Patents, copyrights, trademarks, and trade secrets**

None

**61. Internet domain names and websites**

None

**62. Licenses, franchises, and royalties**

None

**63. Customer lists, mailing lists, or other compilations**

None

**64. Other intangibles, or intellectual property**

None

**65. Goodwill**

None

**66. Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

**67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)**

- No  
 Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No  
 Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- No  
 Yes

Part 11: All other assets

**70. Does the debtor own any other assets that have not yet been reported on this form?**

- No. Go to Part 12.  
 Yes. Fill in the information below.

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (*if known*) \_\_\_\_\_

Current value of debtor's  
interest

**71. Notes receivable**

Description (include name of obligor)

**None**

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**None**

**73. Interests in insurance policies or annuities**

**None**

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

**None**

**75. Other contingent and unliquidated claims or causes of action of every nature,  
including counterclaims of the debtor and rights to set off claims**

**None**

**76. Trusts, equitable or future interests in property**

**None**

**77. Other property of any kind not already listed** Examples: Season tickets,  
country club membership

77.1 medical device license \_\_\_\_\_ \$0.00

Other Property Total - See continuation page for entries \_\_\_\_\_ \$175.00

**78. Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

\_\_\_\_\_ \$175.00

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No

Yes

Debtor Taylor Drug & Medical, Inc.  
Name \_\_\_\_\_

Case number (*if known*) \_\_\_\_\_

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$191.69	
81. Deposits and prepayments. Copy line 9, Part 2.	\$0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$0.00	
83. Investments. Copy line 17, Part 4.	\$0.00	
84. Inventory. Copy line 23, Part 5.	\$20,000.00	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$0.00	
86. Office furniture, fixtures, and equipment; collectibles. Copy line 43, Part 7.	\$1,500.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$0.00	
88. Real property. Copy line 56, Part 9.....		\$0.00
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$0.00	
90. All other assets. Copy line 78, Part 11.	+ \$175.00	
91. Total. Add lines 80 through 90 for each column.....	91a. \$21,866.69	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 .....		\$21,866.69

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (*if known*) \_\_\_\_\_

**Additional Page**

**77. Other property of any kind not already listed - *Continued***

**Current value of debtor's interest**

77.2 <u>microwave</u>	\$20.00
77.3 <u>china / silverware</u>	\$5.00
77.4 <u>telephone</u>	\$50.00
77.5 <u>desk, desk chairs, printer, backroom table, filing cabinets</u>	\$100.00

Fill in this information to identify the case:

Debtor name Taylor Drug & Medical, Inc.

United States Bankruptcy Court for the: Eastern District of Texas  
(State)

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

<b>Column A Amount of claim</b> Do not deduct the value of collateral.	<b>Column B Value of collateral that supports this claim</b>
---	--

**2.1 Creditor's name**

**Describe debtor's property that is subject to a lien**

**Creditor's mailing address**

\_\_\_\_\_

**Creditor's email address, if known**

**Describe the lien**

**Date debt was incurred**

**Is the creditor an insider or related party?**

- No  
 Yes

**Last 4 digits of account number**

**Is anyone else liable on this claim?**

- No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**Do multiple creditors have an interest in the same property?**

**As of the petition filing date, the claim is:**

- No

Check all that apply.

- Yes. Specify each creditor, including this creditor, and its relative priority.

- Contingent  
 Unliquidated  
 Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Taylor Drug & Medical, Inc.

United States Bankruptcy Court for the:  
Eastern District of Texas

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address LoBue Law, PLLC 101 E Park Blvd Ste 600 Plano, TX 75074-8818	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,338.00 \$2,338.00
Date or dates debt was incurred	Basis for the Claim:	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>		
2.2 Priority creditor's name and mailing address State of Texas, Office of Comptroller 111 E 17th St Austin, TX 78774-1440	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$816.50 \$816.50
Date or dates debt was incurred 2023	Basis for the Claim:	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u>		

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (if known) \_\_\_\_\_

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b>  adt security po box 371878 pittsburgh, PA 15250	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$178.13</b>
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b>  alex orthopedic inc 510 fountain parkway grand prarie, TX 75050	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$731.93</b>
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b>  bankers healthcare group 318 s clinton st suite 400 syracuse, NY 13202	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,299.64</b>
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b>  bioskin llc 240 e hersey st suite 2 ashland, OR 97520	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$334.41</b>

Debtor Taylor Drug & Medical, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.5	Nonpriority creditor's name and mailing address  <u>brownmed inc</u>  <u>101 federal st 29th floor</u>  <u>boston, MA 02110</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$142.96
	Date or dates debt was incurred <u>10/01/1983</u>  Last 4 digits of account number <u>2 5 6 5</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address  <u>can capital</u>  <u>1850 parkway place suite 150</u>  <u>marietta, GA 30067</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$53,100.00
	Date or dates debt was incurred <u>11/01/2023</u>  Last 4 digits of account number <u>3 6 6 8</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address  <u>capital on tap</u>  <u>1389 Peachtree St Ne</u>  <u>Atlanta, GA 30309-3091</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$7,688.61
	Date or dates debt was incurred <u>01/01/2019</u>  Last 4 digits of account number <u>1 1 5 1</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address  <u>cardinal health at home</u>  <u>po box 635864</u>  <u>cincinnati, OH 45263</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$6,472.23
	Date or dates debt was incurred <u>10/01/1983</u>  Last 4 digits of account number <u>8 5 4 3</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.9	Nonpriority creditor's name and mailing address  Essity bsn medical inc po box 3036 carol stream, IL 60132	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$440.83
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  6 9 4 9		
3.10	Nonpriority creditor's name and mailing address  Frank Stubbs 1830 Eastman Ave Oxnard, CA 93030	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$149.66
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  o 0 0 5		
3.11	Nonpriority creditor's name and mailing address  frontier po box 740407 cincinnati, OH 45274	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$170.56
	Date or dates debt was incurred  02/20/2023	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  1 2 3 5		
3.12	Nonpriority creditor's name and mailing address  hartford insurance one hartford plaza hartford, CT 06155	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$187.40
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  8 9 3 1		

Debtor Taylor Drug & Medical, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.13	Nonpriority creditor's name and mailing address  <u>hoppenstein property Inc</u>  <u>po box 207</u>  <u>waco, TX 76703</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,182.50
		Basis for the claim: _____	
	Date or dates debt was incurred  <u>10/01/1993</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>0 0 0 1</u>		
3.14	Nonpriority creditor's name and mailing address  <u>howell servic company</u>  <u>5412 E Belknap bldg B</u>  <u>halton city, TX 76117</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$60.00
		Basis for the claim: _____	
	Date or dates debt was incurred  <u>10/01/1983</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>6 3 4 0</u>		
3.15	Nonpriority creditor's name and mailing address  <u>Juzo</u>  <u>po box 1088</u>  <u>cuyahoga falls, OH 44233</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$43.50
		Basis for the claim: _____	
	Date or dates debt was incurred  <u>10/01/2018</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>4 3 2 6</u>		
3.16	Nonpriority creditor's name and mailing address  <u>liberty mutual</u>  <u>175 berkeley st</u>  <u>boston, MA 02116</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$106.75
		Basis for the claim: _____	
	Date or dates debt was incurred  <u>10/01/1983</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>1 5 1 0</u>		

Debtor Taylor Drug & Medical, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.17	Nonpriority creditor's name and mailing address  <u>medi usa lp</u>  <u>6481 franz warner parkway</u>  <u>whitsett, NC 27377</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,972.26</u>
		Basis for the claim: _____	
Date or dates debt was incurred <u>10/01/2018</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>0 1 4 2</u>			
3.18	Nonpriority creditor's name and mailing address  <u>medline industries lp</u>  <u>po box 121080</u>  <u>dallas, TX 75312</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$4,183.57</u>
		Basis for the claim: _____	
Date or dates debt was incurred <u>10/01/1983</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>1 3 6 6</u>			
3.19	Nonpriority creditor's name and mailing address  <u>merchant cash advance debt relief</u>  <u>2110 e 43rd st 7th floor</u>  <u>new york, NY 10017</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,500.00</u>
		Basis for the claim: _____	
Date or dates debt was incurred <u>02/01/2023</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>— o n e</u>			
3.20	Nonpriority creditor's name and mailing address  <u>ossur americas inc</u>  <u>200 Spectrum 700</u>  <u>Foothill ranch, CA 92610</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$836.60</u>
		Basis for the claim: _____	
Date or dates debt was incurred <u>10/01/1983</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>7 3 2 4</u>			

Debtor Taylor Drug & Medical, Inc.  
Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.21	Nonpriority creditor's name and mailing address  <u>phillips rs north america llc</u>  <u>174 tech center dr suite 100</u>  <u>mount pleasant, PA 15666</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$140.00
	Date or dates debt was incurred  <u>10/01/1983</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>2 4 3 1</u>		
3.22	Nonpriority creditor's name and mailing address  <u>rapid finance</u>  <u>4500 east west highway 6th floor</u>  <u>bethesda, MD 20814</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$32,223.92
	Date or dates debt was incurred  <u>11/15/2022</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>9 7 9 1</u>		
3.23	Nonpriority creditor's name and mailing address  <u>reliant</u>  <u>po box 650475</u>  <u>dallas, TX 75265</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$422.00
	Date or dates debt was incurred  <u>10/01/1983</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>2 5 2 4</u>		
3.24	Nonpriority creditor's name and mailing address  <u>rose healthcare</u>  <u>224 rose drive</u>  <u>brunswick, GA 31520</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$89.88
	Date or dates debt was incurred  <u>10/01/1983</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  <u>1 3 1 4</u>		

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.25	Nonpriority creditor's name and mailing address  sba  409 3rd st sw  washington dc, DC 20416	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$75,000.00
	Date or dates debt was incurred  12/01/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  7 9 0 8		
3.26	Nonpriority creditor's name and mailing address  sigvaris inc  1119 highway 74 south  peachtree, GA 30269	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$1,441.45
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  1 9 8 5		
3.27	Nonpriority creditor's name and mailing address  smith drug company  1104 jones road  paragould, AR 72450	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$2,177.57
	Date or dates debt was incurred  08/01/2022	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  4 4 2 5		
3.28	Nonpriority creditor's name and mailing address  spectrum business  po box 60074  city of industry, CA 91716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$249.95
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  3 5 9 9		

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (if known) \_\_\_\_\_

Part 2: Additional Page

3.29	Nonpriority creditor's name and mailing address  spectrum mobile  po box 60074  city of industry, CA 91716	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$44.00
	Date or dates debt was incurred  10/01/2019	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  3 5 9 9		
3.30	Nonpriority creditor's name and mailing address  texas medical distributors inc  po box 266  rockdale, TX 76567	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$465.25
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  0 1 8 2		
3.31	Nonpriority creditor's name and mailing address  Thryv inc brand  po box 619810  dfw airport, TX 75261	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$1,246.97
	Date or dates debt was incurred  10/01/1983	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number  5 5 3 8		

Debtor

Taylor Drug & Medical, Inc.

Name

Case number (if known) \_\_\_\_\_

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a.

\$3,154.50

5b. Total claims from Part 2

5b.

+

\$270,282.53

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c.

\$273,437.03

Fill in this information to identify the case:

Debtor name Taylor Drug & Medical, Inc.

United States Bankruptcy Court for the:  
Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 7

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest <u>Commercial Lease for Business Retail</u> Location <u>Contract to be REJECTED</u> State the term remaining <u>0 months</u> List the contract number of any government contract _____	david hoppenstein family ltd po box 207 waco, TX 75075
2.2	State what the contract or lease is for and the nature of the debtor's interest _____ State the term remaining _____ List the contract number of any government contract _____	_____
2.3	State what the contract or lease is for and the nature of the debtor's interest _____ State the term remaining _____ List the contract number of any government contract _____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest _____ State the term remaining _____ List the contract number of any government contract _____	_____

Fill in this information to identify the case:

Debtor name	<u>Taylor Drug &amp; Medical, Inc.</u>		
United States Bankruptcy Court for the:	<u>Eastern</u>	District of	<u>Texas</u>
Case number (If known):	_____		

Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: Codebtor		Column 2: Creditor
	Name	Mailing address	Name
2.1	_____	Street _____	_____
		City _____ State _____ ZIP Code _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____	
2.3	_____	Street _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____	
2.4	_____	Street _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____	
2.5	_____	Street _____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		City _____ State _____ ZIP Code _____	

Debtor Taylor Drug & Medical, Inc. Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6 _____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
City _____ State _____ ZIP Code _____			

Fill in this information to identify the case:

Debtor name Taylor Drug & Medical, Inc.

United States Bankruptcy Court for the:  
Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 7

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

##### 1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

###### 1a. Real Property:

Copy line 88 from Schedule A/B.....

\_\_\_\_\_ \$0.00

###### 1b. Total personal property:

Copy line 91A from Schedule A/B.....

\_\_\_\_\_ \$21,866.69

###### 1c. Total of all property:

Copy line 92 from Schedule A/B.....

\_\_\_\_\_ \$21,866.69

#### Part 2: Summary of Liabilities

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\_\_\_\_\_ \$0.00

##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

###### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\_\_\_\_\_ \$3,154.50

###### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \_\_\_\_\_ \$270,282.53

##### 4. Total liabilities.....

Lines 2 + 3a + 3b

\_\_\_\_\_ \$273,437.03

Fill in this information to identify the case:

Debtor name Taylor Drug & Medical, Inc.

United States Bankruptcy Court for the:  
Eastern District of Texas

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date: From <u>01/01/2023</u> to <u> </u> MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$5,000.00
For prior year: From <u>01/01/2022</u> to <u>12/31/2022</u> MM/ DD/ YYYY MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	(839.32) \$0.00
For the year before that: From <u>01/01/2021</u> to <u>12/31/2021</u> MM/ DD/ YYYY MM/ DD/ YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	(18,059.00) \$0.00

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

From the beginning of the fiscal year to filing date:	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From <u>01/01/2023</u> to <u> </u> MM/ DD/ YYYY	_____	_____
For prior year: From <u>01/01/2022</u> to <u>12/31/2022</u> MM/ DD/ YYYY MM/ DD/ YYYY	_____	_____
For the year before that: From <u>01/01/2021</u> to <u>12/31/2021</u> MM/ DD/ YYYY MM/ DD/ YYYY	_____	_____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.			
Creditor's name			<input type="checkbox"/> Secured debt
Street			<input type="checkbox"/> Unsecured loan repayments
			<input type="checkbox"/> Suppliers or vendors
			<input type="checkbox"/> Services
City	State	ZIP Code	<input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1.			
Creditor's name			
Street			
City	State	ZIP Code	
Relationship to debtor			

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property

5.1. \_\_\_\_\_  
 Creditor's name  
 \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. _____ Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	XXXX- _____		

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
_____	_____	Name _____ Street _____ _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Case number</b> _____		City _____ State _____ ZIP Code _____	

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

8.1. Custodian's name and address	Description of the property	Value
Custodian's name	Case title	Court name and address
Street		Name
City State ZIP Code	Case number	Street
	Date of order or assignment	City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

9.1. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name			
Street			
City State ZIP Code			
Recipient's relationship to debtor			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.	List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

10.1. \_\_\_\_\_

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	mca debt relief		02/06/2023	\$2,188.54
	<b>Address</b>			
	211 e 43rd st 7th floor Street			
	new york, NY 10017 City State ZIP Code			
	<b>Email or website address</b>			
	me			
11.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	LoBue Law, PLLC	Attorney's Fee	5/19/2023	\$162.00
	<b>Address</b>			
	101 E Park Blvd Ste 600 Street			
	Plano, TX 75074-8818 City State ZIP Code			
	<b>Email or website address</b>			
	vinny@thelobuelaw.com			
	<b>Who made the payment, if not debtor?</b>			
	me			

## 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

13.1. Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<hr/> <b>Address</b> <hr/> Street <hr/> City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b> <hr/>			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy
14.1. _____ Street <hr/> City _____ State _____ ZIP Code _____	From _____ To _____

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care						
15.1. Facility name  Street  City      State      ZIP Code	<b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider.	<b>How are records kept?</b>  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper						
<b>Part 9: Personally Identifiable Information</b>								
16. Does the debtor collect and retain personally identifiable information of customers? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. State the nature of the information collected and retained. _____ Does the debtor have a privacy policy about that information? <input type="checkbox"/> No <input type="checkbox"/> Yes								
17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit? <input checked="" type="checkbox"/> No. Go to Part 10. <input type="checkbox"/> Yes. Does the debtor serve as plan administrator? <input type="checkbox"/> No. Go to Part 10. <input type="checkbox"/> Yes. Fill in below:								
<table border="1"> <thead> <tr> <th>Name of plan</th> <th>Employer identification number of the plan</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>EIN: _____</td> </tr> </tbody> </table> Has the plan been terminated? <input type="checkbox"/> No <input type="checkbox"/> Yes		Name of plan	Employer identification number of the plan	_____	EIN: _____			
Name of plan	Employer identification number of the plan							
_____	EIN: _____							
<b>Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units</b>								
18. Closed financial accounts  Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions. <input checked="" type="checkbox"/> None								
<table border="1"> <thead> <tr> <th>Financial institution name and address</th> <th>Last 4 digits of account number</th> <th>Type of account</th> <th>Date account was closed, sold, moved, or transferred</th> <th>Last balance before closing or transfer</th> </tr> </thead> </table>				Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer				
18.1. Name  Street  City      State      ZIP Code		XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other  _____	_____				

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

19.1 Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Street _____	_____	_____	
Address _____		_____	
City _____	State _____ ZIP Code _____	_____	
_____	_____	_____	

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

20.1 Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Street _____	_____	_____	
Address _____		_____	
City _____	State _____ ZIP Code _____	_____	
_____	_____	_____	

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	_____
Street _____	_____	_____	_____
_____		_____	_____
City _____	State _____ ZIP Code _____	_____	_____
_____	_____	_____	_____

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name Street City State ZIP Code		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name Street City State ZIP Code	Name Street City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name Street City State ZIP Code	Name Street City State ZIP Code		

#### Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

<b>Business name and address</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
25.1.		EIN: _____
Name _____ Street _____ City _____ State _____ ZIP Code _____	<b>Dates business existed</b>	
		From _____ To _____
<b>26. Books, records, and financial statements</b>		
26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.		
<input type="checkbox"/> None		
<b>Name and address</b>		<b>Dates of service</b>
26a.1. Dais, Bob Name 28170 N Alma School Pkwy Street _____ Scottsdale, AZ 85262-8090 City _____ State _____ ZIP Code _____		From _____ To _____
26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.		
<input checked="" type="checkbox"/> None		
<b>Name and address</b>		<b>Dates of service</b>
26b.1. _____ Name Street _____ City _____ State _____ ZIP Code _____		From _____ To _____
26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.		
<input checked="" type="checkbox"/> None		
<b>Name and address</b>		<b>If any books of account and records are unavailable, explain why</b>
26c.1. _____ Name Street _____ City _____ State _____ ZIP Code _____		_____
26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.		
<input checked="" type="checkbox"/> None		

Name and address

26d.1.

Name \_\_\_\_\_

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name \_\_\_\_\_

Street \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. \_\_\_\_\_

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Relationship to debtor**  
\_\_\_\_\_

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No

Yes. Identify below.

<b>Name of the parent corporation</b> _____	<b>Employer Identification number of the parent corporation</b> EIN: _____
--	---

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No

Yes. Identify below.

<b>Name of the pension fund</b> _____	<b>Employer Identification number of the pension fund</b> EIN: _____
--	---

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/19/2023  
MM/ DD/ YYYY

 /s/ Erin Taylor Newell

Signature of individual signing on behalf of the debtor

Printed name Erin Taylor Newell

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Eastern District of Texas

In re Taylor Drug & Medical, Inc.

Case No. \_\_\_\_\_

Debtor Chapter \_\_\_\_\_ 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$2,500.00

Prior to the filing of this statement I have received ..... \$162.00

Balance Due ..... \$2,338.00

2. The source of the compensation paid to me was:

Debtor       Other (specify)

3. The source of compensation to be paid to me is:

Debtor       Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION	
<p>I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.</p>	
<u>05/19/2023</u> <i>Date</i>	<u>/s/ VINCENT LOBUE</u> <b>VINCENT LOBUE</b> <i>Signature of Attorney</i>  Bar Number: 277179 LoBue Law, PLLC 101 E Park Blvd Ste 600 Plano, TX 75074-8818 Phone: (972) 695-9444  <u>LoBue Law, PLLC</u> <i>Name of law firm</i>

Date: 05/19/2023 /s/ Erin Taylor Newell  
***Erin Taylor Newell***

IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
SHERMAN DIVISION

IN RE: Taylor Drug & Medical, Inc.

CASE NO

CHAPTER 7

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 05/19/2023 Signature /s/ Erin Taylor Newell  
Erin Taylor Newell, President

adt security  
po box 371878  
pittsburgh, PA 15250

alex orthopedic inc  
510 fountain parkway  
grand prarie, TX 75050

bankers healthcare group  
318 s clinton st suite 400  
syracuse, NY 13202

bioskin llc  
240 e hersey st suite 2  
ashland, OR 97520

brownmed inc  
101 federal st 29th floor  
boston, MA 02110

can capital  
1850 parkway place suite 150  
marietta, GA 30067

capital on tap  
1389 Peachtree St Ne  
Atlanta, GA 30309-3091

cardinal health at home  
po box 635864  
cincinnati, OH 45263

david hoppenstein family ltd  
po box 207  
waco, TX 75075

Essity bsn medical inc  
po box 3036  
carol stream, IL 60132

Frank Stubbs  
1830 Eastman Ave  
Oxnard, CA 93030

frontier  
po box 740407  
cincinnati, OH 45274

hartford insurance  
one hartford plaza  
hartford, CT 06155

hoppenstein property Inc  
po box 207  
waco, TX 76703

howell servic company  
5412 E Belknap bldg B  
halton city, TX 76117

Juzo  
po box 1088  
cuyahoga falls, OH 44233

liberty mutual  
175 berkeley st  
boston, MA 02116

LoBue Law, PLLC  
101 E Park Blvd Ste 600  
Plano, TX 75074-8818

medi usa lp  
6481 franz warner parkway  
whitsett, NC 27377

medline industries lp  
po box 121080  
dallas, TX 75312

merchant cash advance debt  
relief  
2110 e 43rd st 7th floor  
new york, NY 10017

ossur americas inc  
200 Spectrum 700  
Foothill ranch, CA 92610

phillips rs north america llc  
174 tech center dr suite 100  
mount pleasant, PA 15666

rapid finance  
4500 east west highway 6th floor  
bethesad, MD 20814

reliant  
po box 650475  
dallas, TX 75265

rose healthcare  
224 rose drive  
brunswick, GA 31520

sba  
409 3rd st sw  
washington dc, DC 20416

sigvaris inc  
1119 highway 74 south  
peachtree, GA 30269

smith drug company  
1104 jones road  
paragould, AR 72450

spectrum business  
po box 60074  
city of industry, CA 91716

spectrum mobile  
po box 60074  
city of industry, CA 91716

State of Texas, Office of  
Comptroller  
111 E 17th St  
Austin, TX 78774-1440

texas medical distributors inc  
po box 266  
rockdale, TX 76567

Thryv inc brand  
po box 619810  
dfw airport, TX 75261